PTO/SB/22 (03-09)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			Docket Number (Optional) 20793/0204560-US0		
Application Number 10/752,258-Conf. #4048		#4048	Filed	January 6, 2004	
For TUBE FOR A MICROSCOPE					
Art Unit 2872			Examiner	M. J. Con	silvio
This is a request under the provapplication.	isions of 37 CFR 1.136(a	a) to extend the peri	iod for filing a repl	y in the above i	dentified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
<del></del>		<u>Fee</u>	Small Entity	<u>Fee</u>	
One month (37 C	FR 1.17(a)(1))	\$130	\$65	\$	
X Two months (37 CFR 1.17(a)(2))		\$490	\$245	\$	490.00
Three months (37 CFR 1.17(a)(3))		\$1110	\$555	\$	
Four months (37 CFR 1.17(a)(4))		\$1730	\$865	\$	
Five months (37 CFR 1.17(a)(5))		\$2350	\$1175	\$	
A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director has already been authorized to charge fees in this application to a Deposit Account.  X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  X attorney or agent of record. Registration Number 40,833  attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34				April 8, 2009	
€ Signature			Date		
Erik R. Swanson			(212) 527-7700		
Typed or printed name  Telephone Number  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  Total of					